



Division of Mineral Mining  
Fontaine Research Park  
900 Natural Resources Drive, Suite 400  
Charlottesville, VA 22903  
(434) 951-6310

### Application for Renewal

Type or print this form in ink and complete the **Verification of Work Experience form (DMM-BMME-2)**, listing work experience acquired since initial certification or renewal. Submit the \$10 fee in the form of a check, cashier's check, or money order made payable to the **Treasurer of Virginia**. Cash will be accepted if paid in person at a Division of Mineral Mining office. Submit to the **Division of Mineral Mining** so that it is received at least **five working days** prior to the date of examination or class.

1. Full Name: \_\_\_\_\_ DMM ID: \_\_\_\_\_  
Address: \_\_\_\_\_  
                    Street or P.O. Box                      City                      State                      Zip Code
2. Home Phone: (       )                      Work Phone: (       )
3. Certificate No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
4. Requesting renewal as:  
☐ Mine inspector (DMME employed)    ☐ Mineral mining electrician    ☐ Surface blaster  
☐ Surface foreman                      ☐ Surface foreman - open pit    ☐ Underground foreman  
☐ Underground mining blaster
5. Check the statement that applies to you:  
\_\_\_\_\_ a. I have worked a cumulative minimum of 24 months in the last five years in the area for which I am currently certified and am requesting the examination or refresher class covering changes in regulations and laws.  
\_\_\_\_\_ b. I have not worked in the area for which I am certified for a total of 24 months in the last five years, so I am requesting the full examination (see 4 VAC 25-35-20 of certification requirements).  
\_\_\_\_\_ c. I have uncorrected violations (described in 8 below), so I am requesting the full examination (see 4 VAC 25-35-20 of certification requirements).
6. If you checked a ( above), mark your choice for \_\_\_\_\_ examination \_\_\_\_\_ refresher course renewal:
7. Specific location \_\_\_\_\_ and date \_\_\_\_\_ (see enclosed schedule)
8. If you checked c (#5 above), describe any uncorrected violations issued to you by DMME since you were certified.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Attach a copy of your work experience form (BMME-2) and valid first aid certificate/card, as applicable to your certification, and the \$10 fee.

**I hereby certify that the above answers are true to the best of my knowledge and belief.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

